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Bib Data Sheet

SERIAL NUMBER 10/673,045	FILING OR 371(c) DATE 09/26/2003 RULE	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 6858P001C6
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/971,785 10/04/2001 ABN
 which is a CON of 09/119,546 07/20/1998 PAT 6,330,426
 which is a CIP of 08/953,883 10/20/1997 ABN
 which is a CIP of 08/757,129 12/03/1996 PAT 6,144,837
 which is a CIP of 08/334,643 11/04/1994 PAT 5,601,435
 and said 09/971,785 10/04/2001
 is a CON of 08/958,786 10/29/1997 PAT 5,913,310
 which is a CIP of 08/857,187 05/15/1997 PAT 5,918,603
 which is a CON of 08/247,716 05/23/1994 PAT 5,678,571

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 01/02/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

HEALTH HERO NETWORK, INC.
 2570 W. EL CAMINO REAL
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 MOUNTAIN VIEW ,CA 94306

TITLE

System and method for remote education using a memory card

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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